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Psychiatric Hospital – From Asylums to Centres for Mind-Body Wellness

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ABSTRACT

Throughout history mental illness was mystified, feared and condemned, but over time perception and treatment of psychiatric patients changed. Systematic care for the mentally ill in specialised institutions began about six hundred years ago. However, it was of a repressive and restrictive character towards the patients until as late as 19th century, a time of significant progress and development for the science of psychiatry. It was then that the effect of one's immediate environment on human emotions, mood, and recovery became the subject of many scientific studies, and the role of architectural design in the care and treatment of psychiatric patients gained much attention. Over the years significant evidence has been accumulated of the effect of architectural design on humans. However, psychiatric hospitals very often occupy buildings not originally designed for that specific purpose. This is the case with the Rab Psychiatric Hospital, demonstrating a functional and efficient use of its premises, which have yet to be recognised as a historical, cultural and architectural landmark.

Key words: *psychiatry, architecture, mental health, Rab, asylum, mind-body wellness*

Introduction

To be an expert in modern psychiatry requires a high degree of education, preparation and skill. It seems to function best as team work paralleled by the ability to relax and focus on the issues of the individual. In Csíkszentmihályi's Flow Theory, this state is described as an autotelic experience, when under great pressure a person functions with an accuracy that is almost infallible, and at the same time enjoys the activity and the powerful feeling of being in control of the moment[1,2], an experience also described as being »in the zone«.

From the first lunatic asylums to contemporary psychiatric wards and specialised hospitals, the purpose and aims of hospitalisation have changed profoundly. A long time has elapsed from the birth of psychiatry as a separate branch of medicine to contemporary evidence-based and personalised psychiatry[3]. In Europe, since the ancient Greek and Roman times, epileptics and people with mental and intellectual difficulties and disorders had provoked feelings of distrust and fear. Such people were taken care of by their family members if they had the will and the means to do so; if not, they would become homeless and beggars. Society-provided help was sporadic and variable. After the recognition of Christianity, Christian officials helped all ailing people, including the mentally ill. One of the first institutions to help the mentally ill was established in Jerusalem in 490 A.D., an example which in Europe would only be followed nine centuries later[4].

In the Middle Ages, »lunacy« was identified with demonic possession, so lunatic asylums were built next to monasteries and the treatment often consisted of expelling evil spirits by means of flogging and exorcism[5]. The mentally ill were divided into the »good« and the »dangerous«. While the former often lived in the community in some way, either as beggars or dependents on their families, the latter were often imprisoned[6].

The Bethlem Hospital (also known as Bedlam), established in London in 1330 as part of the Priory of St. Mary of Bethlehem, is recognised as the first psychiatric hospital in Europe. In its first years the hospital took care of patients suffering from physical illness. In 1403 it star-

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ted admitting mentally ill patients, but it did not become a specialised psychiatric hospital until later. The reputation it earned for the way that the patients were treated there made the hospital synonymous with inhumane behaviour to the degree that the word bedlam entered the English language with the meaning of »madhouse« or »a scene of great uproar and confusion«.

The first German asylum was built in 1326 as part of Georghospital in Elbing, at the time a town in the region dominated by the Teutonic Knights, now Elblag in Poland. In 1410 the first specialised hospital for the mentally ill was established in Valencia, Spain by Father Jofré (Joan Gilabert Jofré). This was the first hospital in Europe established exclusively for the purpose of taking care of the mentally ill[7]. From the fifteenth century to the first half of the sixteenth century the Spanish built six more asylums renowned for their excellent work. Historically, Spain rightfully earned the title of being the »cradle of psychiatry«. The famous French psychiatrist, Philippe Pinel, praised Spanish mental hospitals, especially the one in Zaragoza, in his »Traité médico-philosophique sur l'alienation mentale« (1809)[6,8].

However, until the eighteenth century, care and accommodation for the mentally ill was often identical to that provided for beggars, traitors, criminals and the politically unsuitable. In Paris, for example, they were imprisoned in the Bastille together with offenders. In eighteenth-century Germany there were many »asylums/prisons«, similar to the English workhouses. Workhouses were institutions primarily intended for the poor and homeless, but they also admitted the mentally ill, and were notorious for their harsh living conditions[9]. These institutions obviously did not expect any recovery to take place, security being a priority. Through work and discipline some education and resocialization was to be achieved.

Systematic construction of psychiatric institutions in Europe and America began only in the nineteenth century. Their architectural design differed from one nation to another and was subject to historical differences as well as to traditions of care for the mentally ill. In Great Britain, for example, their architectural layout was based on the panopticon concept designed by philosopher Jeremy Bentham. The aim of the design was to facilitate supervision; it was conceived primarily for prisons and asylums, but also for other institutions where security is a significant factor. The architecture incorporates a central tower from which all the cells (rooms) extending across a circular building are visible[10]. Thus, there was more freedom of movement with minimal staff expenses involved. Panopticon-inspired buildings include the Glasgow Royal Asylum, which opened in 1814, the Devon County Pauper Lunatic Asylum, which opened in 1845, and the Hanwell Insane Asylum, built near London in 1831. The panoptical principle made possible the so called »no restraint concept«. However, it had its shortcomings: the limited potential for expansion, and high construction expenses. In mid-nineteenth century there was a transition to the pavilion type of construction based on the American model. An example of such a hospital was the Tooting Bec Asylum opened in 1902.

In France, the asylum layout was based on the ideas of Philippe Pinel and Jean Dominique Esquirol, the crucial factor being isolation. The institutions had to be located outside the city, in peaceful rural areas[11]. Rooms were single, linearly designed in front of a walkway within a rectangular building usually enclosing a garden. This type of design was actually a precursor of pavilion type building, since Esquirol favoured one-storey buildings to counter the danger of suicides. In 1865 a hospital was built in Toulouse exhibiting characteristics of both isolation and pavilion systems[5].

In mid-nineteenth-century America awareness of inhumane and inappropriate treatment of the mentally ill was growing. A famous activist, Dorothea Dix, was responsible for a great deal of work in that area. In the second half of the nineteenth century a psychiatrist, Thomas S. Kirkbride, exerted great influence on the transition towards »moral treatment« of mentally ill patients as well as on the architecture of mental hospitals. In this period, especially between 1840 and 1880, all over the United States asylums were built according to the Kirkbride Plan, also known as the Linear Plan. Starting from the central building the wings were arranged en echelon, and in certain cases they were even positioned perpendicular to each other[12]. Such construction provided more daylight in the interiors. A typical representative of this is the hospital that was run by Kirkbride himself, the Pennsylvania Hospital for the Insane, which opened near Philadelphia in 1841. Kirkbride considered architecture to be a therapeutic tool and believed that there should be enough daylight, dining rooms, single and quadruple rooms with about 15 patients per wing, depending on their diagnoses[13]. The sunny halls, a characteristic feature of this type of layout, could be turned into open spaces and lounge areas. At the same time, the layout of the facility in relation to the landscape was most thoroughly thought-out, bearing in mind the therapeutic influence of the surroundings. The layout required all supporting services and infrastructure to be at the lower ground floor, interconnected by halls and elevators in order to supply the areas of care and therapy[5].

By the end of the nineteenth century the population of these asylums grew significantly. The asylums were custodial in character and forced hospitalisation was frequent. Although at that time psychiatrists were broadening their insight into the types and incidence of mental disorders, noticing even their cultural aspects[14], actual treatment was inefficient since mental illnesses were not sufficiently understood, so some therapeutic methods were misapplied. It was not before the 1960s and 1970s that psychiatry started to improve with the development of pharmacotherapy and the resurgence of discussions about the therapeutic effect of environment on mentally ill patients. By the end of the twentieth century hospitalisation was still considered to be fundamental to the treatment of mentally ill patients, hospitalisation periods were considerably longer than today and the concept

of the continuum of care was still in its early development. In a relatively short period of time the development of science and significant scientific discoveries considerably advanced the understanding of mental illnesses and the quality of treatment improved greatly. This was also reflected in the reduction of stigma and in the cooperation with the community. Today, hospital stays have been maximally shortened and care has been focused on acute treatment, with a strong tendency for deinstitutionalisation, i.e. the placement of patients in extra-institutional care, for instance in foster families or welfare institutions. The system's weaknesses are more frequent rehospitalisation, an increase in the number of homeless people and the number of criminal acts, as well as stigmatisation of mentally ill persons.

Hospitalisation, which may be a long-lasting one, is necessary when extra-institutional types of care cannot adequately meet the needs of mentally ill patients. Patients who require a more intensive, safer or more specialised care are admitted to specialised psychiatric hospitals. The differences in the type of their narrow specialisation call for different solutions in architectural and landscape design in order to meet the specific patients' requirements and facilitate their rehabilitation and reintegration into the community. Since the middle of the twentieth century a growing number of studies have indicated that environmental conditions affect both the human state of mind and behaviour. Humans interact with their environment by adapting to its conditions, but also by shaping the landscape and the architecture according to their needs for security, safety, privacy, socialisation and nature, which in return has an effect on human behaviour[15–17]. In the context of a healthcare institution – a place where an individual experiences heightened levels of fear, stress and anxiety – environmental organisation and layout are extremely important for the efficiency and cost-effectiveness of treatment. An inappropriately designed psychiatric hospital or ward not only affects the emotional state of the patient but can also play a role in the reduction of goal oriented cognitive activities, in the decline of executive functions, as well as in difficulties in communication and interaction, learning, problem-solving, and taking care of oneself. Consequently, it leads to higher treatment costs.

A feature of some psychiatric wards is confinement, i.e. the patients' freedom of movement is restricted. But freedom of movement and the possibility of choosing the space where one wishes to be are important to everyone. Therefore, it is necessary to achieve optimal conditions of control and restrictions that still allow a range of choices. Patients need to have access to social quarters, a yard or a peaceful corner and the possibility of privacy[18]. It is of great importance for the architectural and environmental layout of a psychiatric hospital to meet the patients' basic needs, – safety, protection, and the development of both their self-esteem and interpersonal skills[19]. Therefore, it is necessary to design solutions that meet the preconditions of safety and protection, incorporating at the same time the concept of community by introducing elements that reflect the community environment; the more familiar they are to the patient, the better. The feeling of security and protection is as important to staff as it is to patients. Modern technology and newly developed glass and plastic materials facilitate protection in a more discreet manner (for example, by removing bars); at the same time they provide more freedom of movement compared to the past.

The architectural layout and interior design of a psychiatric hospital should not only meet the patients' requirements for protection, safety, privacy, socialisation and freedom of movement, but should also be adjusted to the type and severity of the diagnoses, and to the goals of treatment and rehabilitation programmes. By adopting new alongside existing knowledge about the psychological effects of various environmental factors on humans in general, Lippincott et al.[20] have singled out eight factors that they find particularly relevant in designing and planning the environment populated by psychiatric patients: 1) a view through a window, 2) lighting, 3) sounds, 4) colour, 5) texture, 6) temperature, 7) room size, 8) diversity.

The beneficial effects of natural greenery on human health have been confirmed in other branches of medicine as well. It has been shown that patients having rooms with a view recover from surgery more quickly and use fewer analgesic drugs, which reflects positively on the cost-effectiveness of the treatment[21,22]. The cover of the Medical Construction and Design Concepts magazine March 2007 issue shows the following headline: »Where the recovery begins: From the warmth of a sun-filled room to the serene views of a green roof, an exterior's design can profoundly impact patient health«. In the article, Dawn Shoemaker writes about green roofs on hospitals, pointing out the necessity of giving more consideration to fundamental positive effects of architectural solutions on patients, which may also prove to be economically feasible.

It is necessary to take into account both the quality and the quantity of lighting. More exposure to daylight is related to a better state of mind, stress reduction, reduction in analgesic drugs use, shorter hospitalisation periods, and regularisation of sleep patterns[23]. Where the daylight quantity is limited, optimal lighting can be achieved by combining daylight and artificial lighting or by combining colour and the power of artificial lighting[24]. Poor lighting can result in negative emotional responses.

High levels of noise can adversely affect health in many ways. Dangers include the higher risk of adverse cardiovascular events[25], insomnia, irritability, and anxiety[26] among others.

The influence of colours on emotions, state of mind, cognitive processes, behaviour, work efficiency, etc. has been verified in many studies. Different colours, even hues, have various psychological effects; therefore, particular attention has to be paid to the choice of colours[27–30]. Texture is another important factor in design, not only for aesthetic but also for tactile and acoustic rea-

sons; for example, a chair draped in leather has a different visual and tactile effect than one draped in fabric.

Room temperature is important because the optimal temperature varies significantly depending on the individual and therefore it is necessary to allow patients to regulate the temperature in their private rooms by themselves. A room's size should be suitable to its function. Social areas should be more spacious, while private and working areas should be warmer and more intimate.

Finally, the stimulating effect of environmental diversity also has to be considered. In the effort to create a stimulating diverse environment it is necessary to follow natural processes where temperature, lighting, sounds, etc. are concerned. Works of art are a welcome complement to spatial design, be it exterior or interior, and an important factor contributing to spatial diversity and dynamics.

In the case of an existing facility being converted for medical purposes, more specifically for the treatment of mentally ill patients, an architect faces great challenges even now, with so many modern materials and technologies at one's disposal. This is where the story of the Rab Psychiatric Hospital begins, with facilities that were not planned for a psychiatric institution.

The Architectural History of the Rab Psychiatric Hospital

The buildings housing the premises of the Rab Psychiatric Hospital in Kampor on the island Rab, Croatia were designed and built during World War II by the Italian fascist army as an integral part of the Rab Concentration Camp for Civilian Internees (Campo di concentramento per internati civili, Arbe).

The striking buildings are the only preserved authentic facilities of the huge camp once situated in the north-western part of the island of Rab, in the fields between the bays of Kampor and St. Euphemia. This fact is surprising in itself, but what is even more intriguing with regard to its architecture is a kind of enigma associated with the original project and its objective quality, as well as the fascinating half-a-century long coexistence of that architecture and the psychiatric hospital. This short overview, which summarises a more elaborate original research paper written for the purpose of a monograph about the hospital, consists of two parts. The first introduces certain facts regarding the architecture and provides a brief analysis of the original project and its realisation based on available facts and documents. The second presents a chronology of the coexistence of the hospital and the existing architecture, and, in conclusion, reviews the manner in which the architecture has been preserved with sensible interventions to suit the needs of its new function.

The Original Project and Construction

Despite the relatively large body of works, research, and testimonies recorded about the Kampor concentration camp since its establishment in 1942, there is little information on its monumental hospital facilities. There are mostly sporadic mentions and trace evidence, which makes it obvious that these facilities have never been a subject of research or analysis, particularly from the aspect of their architecture. Partly due to that fact, and partly due to the emotional reasons or the approach of the totalitarian regime of former Yugoslavia, there has been no objective analysis or evaluation of the extant architecture. Some issues related to the architecture and the construction of the complex have consequently remained almost an object of mystification. It is certain that the facilities of the modern hospital complex formed the last-built of the four larger camp units, named »Campo IV.«. There are a few sources referring to the reasons for the camp's founding and the choice of the island of Rab and the field of Kampor for its location: Kovačić[31], pp 93–100; Vratuša[32], pp 65–67; etc. Its establishment, the chronology of its construction and expansion, the site plan in all its various stages, including the last and final stage a s when all the internees had been liberated and the camp closed, are described in detail in Potočnik[33], pp 91–99; Kovačić[31], pp 101–103 and 118–120; Vratuša[2,3], pp 49–60.

The construction works were undertaken by the Italian company »Isastia & Boari« with additional labour provided by local people and internees. Construction started rather late in the war, in early 1943, and was interrupted in September 1943 when Italy capitulated. The camp was closed and the unfinished buildings were abandoned, never having served their intended purpose.

Sources disagree on what the buildings were originally intended for. Hypotheses have been put forth which are in some disagreement with the objective features of the existing architecture. The issue therefore gives rise to considerable confusion.

This is the case primarily with the thesis – most probably generated by the totalitarian regime, that is espoused in most sources and claims that the present hospital facilities were intended as penitentiaries, or penitentiary workhouses[31–36]. Another thesis, often propounded in public discussions, proposes quite the opposite: that the complex, especially given its objective architectural features, must have been intended for use as accommodation premises for the Italian army.

However, some sources quote the diary of the inspection trip undertaken by fascist generals (the Commander of the II Army in Sušak M. Robotti, A. Gloria, and A. Amato) to the island of Rab on 23rd and 24th March 1943, which clearly states that the buildings of the fourth camp will be used for the accommodation of a large number of internees. »By 15th April this year, the concentration camp will be able to accommodate in the barracks 14.000 to 15.000 internees; they at present number slightly over 2000. (Added in red pencil): – and in the concrete one-floor buildings, and by the end of June, when the fourth camp with the two-floor buildings will have been built, another 10,000.« This quote is a translation from Potočnik[33], pp 83–84 who cites the following source: Vojaški

Fig. 1. A panoramic view of the field of Kampor taken from the south-western hill in the beginning of 1943 by the Italian army. All four camp units are clearly discernible. At the site of Campo IV there were no buildings at that point, but the already established construction site and the works can be seen in the left part of the photograph. (Muzej novejše zgodovine Slovenije /Slovenian Museum of Contemporary History/, Album: Commando superiore FF. AA. »Slovenia-Dalmazia« sezione fotografica, 20th February 1943).

zgodovinski institut JLA /Institute for the Military History of the Yugoslav People's Army/, Beograd, fond italijanski, škatla 211, 18/2a; the same text is quoted in Kovačić[31], pp 187 and Vratuša[32], pp 57.

The structure of these buildings, their orientation, the construction concept and, especially, the interior design of the premises all further support this hypothesis. In the context, it is obvious that »accommodation« refers to a kind of dormitories resembling barracks with spacious rooms containing a large number of beds. The original plans, drawings and other documents relating to the construction of the hospital complex, at the time part of the concentration camp (»Campo IV.«), that could help to clarify this as well as several other issues, are not available; however, there are indications suggesting that a drawing published in Potočnik[33] pp 94 (Figure 2) could be a direct link to the original project documentation of the hospital complex. This assumption is confirmed by the fact that the drawing shows some facilities within the hospital grounds that have never been constructed, but were – as we are going to show – a planned element of a well-developed project, its documentation undoubtedly having been available to the person who made the drawing in question.

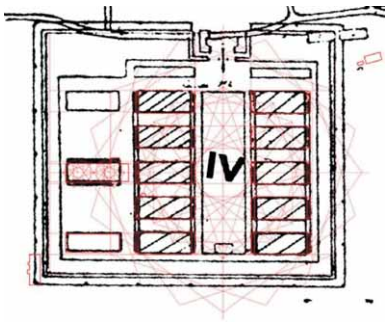

Fig. 2. A structural analysis of the entire complex of buildings in the drawing from Potočnik[33] p 94. This figure clearly shows the match between the recent geodetic survey chart (thick red line) and the drawing (black base), revealing a strikingly strict application of dimensions given in the drawing to the construction of the facilities, with total respect for the project and the architect's idea. The drawing shows that the smaller icosagonal star, formed by four rotated pentagons, completely determines the floor plan layout and all the dimensions of the ten buildings, built with almost unbelievable accuracy. The larger star encircling the smaller one determines the boundaries of the plot of land, the location of the entrance, the width of the yard – the central square – and their interrelation is again in the proportions of the golden ratio. The missing constructions, which were not built because Italy capitulated, complement the structure, unlike the gatekeeper's office (red rectangle in the top right corner) that was added later without taking into consideration the existing architecture, as were the garage, pathology room and morgue (in the bottom left corner). Drawing by I. Juretić.

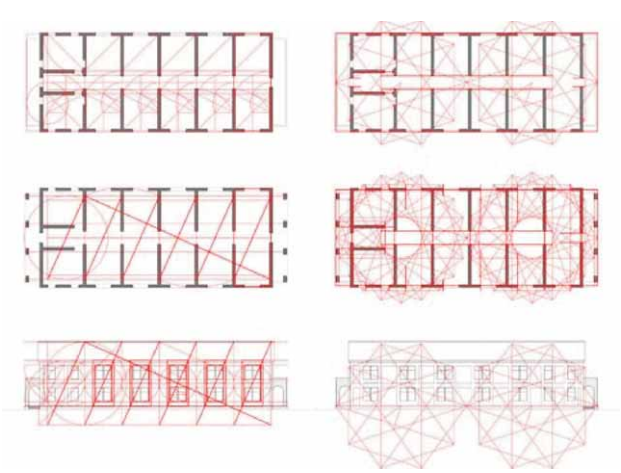

Fig. 3. A proportional analysis of the floor plan and longitudinal facades of the large, two-story buildings of the complex. The regular pentagon and the five-pointed star define the layout, dimensions and ratio of the subsequent elements in this case as well. In the left column, the architectural layout is interpreted by a rectangle whose sides are in the ratio of $\sqrt{5}/1$. That rectangle and the regular pentagon are typical of layouts conceived within the golden section system, whose ratio is numerically expressed as $1/(\sqrt{5}-1)/2$. A geometrical characteristic of this rectangle is the possibility to divide it into 5 smaller congruent rectangles without remainder, which is explicitly shown in the layout of the hospital buildings and the whole complex: five buildings are divided into two rows, each building has five rooms on two floors, each facade displays two rows containing five equally large windows, etc. Drawing by I. Juretić.

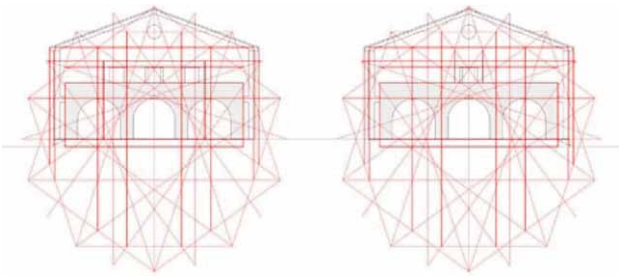

Fig. 4. The pentagonal, or icosagonal, interpretation of the layout of the facade with porches given in the floor plan in Figure 3. In this way all structural elements can be analysed and defined through their interdependent relationship; the height of the facility, the height and width of the porches, the sizes of all openings, arches, the axial position, etc. It is quite obvious that the author-architect did not improvise, but based his creation firmly on his excellent knowledge of the principles of classical architecture. Drawing by I. Juretić.

Analysing a recent geodetic survey chart, providing measures of the individual buildings and their architectural features, and comparing it to the drawing produced a remarkable match. Moreover, a thorough analysis has shown that all the buildings and their layout within the hospital grounds were planned according to a peculiar composition which is very much consistent with the pentagonal system, and hence with the golden section.

This surprising fact makes us wonder about the meaning and the motives behind the project for a camp site created that follows the rules of what is in architecture often called the Divine Section. Furthermore, the structure of a fascist camp constructed on the basis of a regular five-pointed star – a symbol of resistance to fascism and Nazism, can seem a paradox in itself!

Fig. 5. and 6. The photographs taken in September 2003, showing the interior of one of the abandoned buildings, provide insight into the original project and the condition of the buildings at the time the construction was stopped. Spacious axially symmetric rooms, high ceilings, space filled with daylight, large windows placed considerably low, open wooden roofs and a central corridor with arches set into transversal bearing walls enclose a simple interior of striking aesthetics that can hardly be related to the notion of a place of torment or punishment. This building was completely renovated for the hospital's needs in 2005 when the interiors in the photograph were open for creative, occupational and recreational therapy, with minimal interventions employed. Compare Figures 10 & 11. Photo by I. Juretić.

Fig. 7. A photograph of the long line of hospital buildings taken in the 1960s. At that time only the first two buildings in the row were furnished and used for the hospital's needs, while the others were still unfinished, lacking windows or, as with the last one, a roof. It is interesting to notice the vegetation that had already been planted on the hospital grounds but which has changed a great deal over time and enriched the grounds. (Photograph from the Rab Psychiatric Hospital Archives).

To better comprehend the issues raised and to interpret such an approach requires some knowledge of the circumstances in Italian architecture between the two world wars, as well as of the controversial relationship between architecture and fascism. The evaluation and classification of its architectural realisation might place the hospital complex in Kampor in the category of Piacentini's stile littorio – a kind of simplified Italian classicism. The style is characterised by mediation between traditionalism and modernism, and in 1932 it became the official national style in fascist Italy. Classical structure, closed symmetric plane surfaces, classical architectural details, rhythmical porticos, simplified columns and ar-

Fig. 8. The hospital complex in the photograph taken in September 2009 from a nearby hill, once the location of a quarry opened for the buildings' construction. The field of Kampor is planted with vineyards, the hospital agricultural land is covered in lavender and the grounds are dominated by the tall stone pines, cypresses and sycamores that have adorned the surroundings of the existing buildings almost since their construction, although they have grown to exceed them in height. Photo by I. Juretić.

Fig. 9. The facade of one of the reconstructed two-story buildings in August 2005. By giving prominence to the existing qualities, restraining the contrasts between light and dark, and compensating for the drawbacks, the subtle renovation emphasised the scope of the original architectural idea. Photo by I. Juretić.

ches that openly suggest the monumental Roman ideal are some of the most representative elements of the style that can easily be recognised in the Kampor hospital buildings complex.

The composition of the complex is what determines its monumental character, with classical ratios, axial symmetry and a closed plan. The entrance portal (shown in Figure 2) is positioned symmetrically to the two rows of buildings, on the axis of the focal area and on the most elevated part of the ground, from where the view opens onto the whole complex, extending towards the field of Kampor. This accentuates the monumentality of the structure and realises the renaissance principle of perception and experience of space from a single, principal point, which is right at the entrance to the designed area. There is no indication, either on the grounds in their current state or in the available documentation, that construction of the entrance portal started before the capitulation, but we can be reasonably certain that it was one of the architect's key elements that should have defined the character of the whole. One of the main reasons that the original character of the project cannot easily be recognised on the present hospital grounds is the fact that now the complex is approached diagonally, and the abundant greenery in the surroundings makes the spatial symmetry – not to mention the monumentality – hardly visible. We can say that the monumentality of the complex was based solely on the structure as a whole, on the layout and the repetition of the buildings along the symmetrical axis, but by descending to the proportions of an individual building, the idea is lost.

Despite the relatively large dimensions of the buildings, the approach to their design is not monumental but completely functional. The architect primarily answers the question of how to build a place where one can put up a large number of people in the simplest and most efficient manner. Simplified, almost schematic floor plans are symmetrical and were designed in the same system of ratios as the whole, but they are extraordinarily functional, without any ornaments or decorations. The floor plans of the ground and first floors display a scheme of five transversal large rooms oriented to two sides with the corridor in the middle and an additional, wider unit for the staircase and the sanitary facilities.

Porches – that is, balconies on columns and arches – added to the side facades break the monotony of these simple buildings, bring dynamics into the place, and – this is particularly fortunate – bring the architectural design closer to human scale. It is amazing how the architect used this relatively simple element to enrich these rather dull buildings and transform the character of the surroundings. Obviously, the original idea required this detail in order to accentuate the symbolism of the Classical arch, but it is not manifested in hyper-dimensioned symbolic and mythic arches; rather, it is closer to the »magic and melancholy« of De Chirico's paintings or a folk coastal setting.

The rhythmic repetition of the arches and their symmetrical realisation put the focal square area in a frame which emphasises its significance, while the massive buildings seem to be set behind this stage scenery, so that their length and size are not noticeable. Apart from the inward facade oriented towards the central square, each building has an almost identical facade designed symmetrically on the opposite, outward side, which contributes to the unique and recognisable character of the whole.

Contrary to all expectations and evaluations in literature that are based on more than justified criticisms of the fascist idea and political system, the hospital complex in Kampor exhibits architectural quality and a certain creative urge in spatial planning. It is not the only such

Fig. 10. and 11. Rooms for creative, occupational and recreational therapy on the first floor of the building after the reconstruction. Compare Figures 5 & 6. Minimal interventions on the building have emphasised most of its existing qualities and have had an extraordinary effect. The dilapidated rooms of one of the old buildings were turned into a modern, spacious and cheerful hospital facility intended for creative and recreation therapy. Photo by I. Juretić.

example to be found in Italian architecture during the fascist regime, but it is possibly the only representative of its kind that can be seen within a concentration camp[37]. Notwithstanding the postulates of the time, the regime's attitudes to architectural design and the fact that it was wartime, the architect still succeeded in creating a relatively successful (particularly in view of those unfavourable circumstances) work. With very limited means at his disposal, with large requirements and engaged in an obviously thankless task, he managed to create architecture that has endured well after its time.

The Psychiatric Hospital and the Existing Architecture

After the Italian capitulation, the camp was closed and the internees liberated. The hospital buildings were left unfinished and deserted, without a function and with an uncertain future. In the post-war period they were at the mercy of the weather and the local population, who plundered the materials and equipment.

The considerable potential of the unfinished buildings was recognised by the then President of the Rab Municipal Assembly, Zvonko Gušćić. From 1952, he persistently advocated saving the buildings from decay and exploiting them with a view to employing the local population. His meeting with the Manager of the Vrapče Mental Hospital in Zagreb, Dr. Dezider Julius, was crucial for the establishment of the psychiatric hospital (initially the mental hospital) in Kampor. Fascinated by the buildings and their location, Dr. Julius suggested that they be adapted into a mental hospital and together with Mr. Gušćić argued in favour of this idea in the following years. Having overcome numerous problems, including buyout of land from peasants, the distrust and disapproval of the local population, the lack of electricity and water supply, etc., the hospital was officially opened on 1st September 1955.

The first patients were housed in the one building fit for accommodation at the time, which had been renovated by the local agricultural cooperative (today it is the hospital's administrative building). There was a hospital ward with 50 beds, an administration section, a kitchen, a warehouse and a nurses' room[38]. Therefore, in its beginnings the hospital occupied only one building, but as conditions improved, the accommodation facilities were extended to other buildings of the complex, and the number of staff grew. Today the hospital uses nine of the twelve existing buildings. Of the remaining three, two large buildings are in a rather neglected and ruined state, and have not been renovated yet, although renovation plans have been made; the third, smaller one, is under reconstruction to become the hospital's new central kitchen.

What needs to be emphasised is that all the buildings adapted for hospital purposes have – in their dimensions, form and facade openings – remained almost intact and consistent with the original construction. During the fifty years' period of renovation, reconstruction and maintenance, both the buildings and the complex have preserved their original architectural quality. This is mainly due to the sound judgment of the designers responsible for the adaptation projects, a chronic lack of funds, as well as to the adaptable and functional floor plan of the original structures. The first plans for the reconstruction of nearly all existing buildings were drawn up in 1955, and they included the renovation of the main building, the admission and isolation building, the hospital facility, workshops, apartments, and the kitchen and laundry in two other, smaller facilities. It is interesting to observe how the designer, while keeping to the existing building dimensions, offered different floor plan solutions appropriate to each of the necessary functions[39]. Reconstruction works were undertaken gradually over the years, the more intensive ones taking place in the first years after the establishment of the hospital.

In the beginning of the twenty-first century, from 2001 onwards, the institution's new administration initiated a whole new wave of intense reconstruction works on outdated and dilapidated buildings, and made new plans for the hospital environment and the agricultural land. The hospital and its grounds are acquiring the shape of a modern institution with a humane environment that every hospital, especially one of this type, deserves. With peculiar architecture that leaves an impression on the viewer, enhanced by abundant vegetation and exposed to a mild Mediterranean climate, it has all the potential for an efficient hospital and a comfortable health resort.

The comparative advantages of the site were clearly recognised from the very beginning, which lead to the decision to establish a psychiatric hospital in this very place. They were also appreciated by numerous generations of medical staff and hospital administrators. The current hospital administration have made every effort, in these relatively difficult and financially restrictive times for public health care, to discover the optimal method to accentuate this potential. The hospital has found its place in the life of Kampor, the dilapidated buildings have found their purpose, and today, after sixty-eight years of existence, they live and are used with almost full intensity.

An Overview of the Most Recent and Planned Future Interventions

In view of the above analysis, briefly presented in terms of the architectural and memorial value of the hospital complex, the need to preserve both the individual original buildings and the complex as a whole is clear. Unquestionably, these buildings are a historical and cultural landmark. The possibility of drawing stylistic or symbolic parallels to the regime in power at the time of their construction does not diminish their value; on the contrary, it is the best premise for their future as witnesses to history. Furthermore, the complex of hospital buildings in Kampor displays the objective value of an architecture designed and built according to the classical

canons of the practice, and which is extremely functional, of solid construction and definitely of original aesthetic value at the same time. It needs to be stressed that the hospital complex is not only a witness to a wartime, failed regime and remarkable architecture, but is also an authentic monument to victims of fascism, built by the very hands of the camp's prisoners, the innocent local people and patriots.

The current state of preservation of the original structure of the complex can largely be attributed to the existence of the hospital. The whole complex has remained unified within a single functional entity, and was to a great extent saved from haphazard renovations and extensions because the establishment and the existence of an important institution fortunately meant that all interventions, adaptation, and reconstruction works undertaken on the existing buildings had to be assigned to professional and competent civil engineers. It is also significant that ever since its establishment in the abandoned complex, the hospital has nourished the ambitious vision of utilising all the existing buildings. This idea has not yet been made reality, but soon will be, and thus one chapter of the hospital's history will have been closed. The dilapidated look of some of the buildings within the hospital grounds will finally disappear, their potential will be fully realised for the hospital's needs, and for the first time in their history a certain balance between the range of hospital services and the potential and capacities of the architecture will have been achieved.

The hospital facilities have proven compatible with the existing architectural concept and form, although they were not originally intended for this purpose. The good practice of adjustment and reconstruction of the existing buildings which has preserved their authenticity and at the same time met all the essential requirements of their new function, should serve as both an example to be followed by future interventions and the key to the preservation of the architecture. The crucial elements are surely the manifestly possible coexistence of the hospital and the architectural monument, and the way in which they relate to and complement one another.

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PSIHIJATRIJSKA BOLNICA – OD UMOBOLNICA DO CENTARA ZA DOBROBIT DUŠE I TIJELA

S A Ž E T A K

Duševna je bolest u prošlosti mahom izazivala osjećaj mističnosti, straha, osude, a tijekom povijesti se predodžbe o duševnom bolesniku mijenjala. Sustavna briga za duševne bolesnike u za to specijaliziranim ustanovama započela je prije otprilike šest stoljeća. Ipak, bila je represivna i restriktivna prema duševno bolesnima sve do 19. stoljeća, perioda značajnog znanstvenog razvoja i napretka psihijatrije. Između ostalog, tada se počeo proučavati i utjecaj prostora i neposrednog okoliša na čovjekove emocije, raspoloženje, i ozdravljenje, a uloga arhitekture u njezi i liječenju duševnog bolesnika zadobila je značajnu pažnju. Tijekom godina zabilježeni su značajni pokazatelji utjecaja arhitekture i dizajna na čovjeka. Činjenica je, međutim, sa se upravo psihijatrijske bolnice često nalaze u građevinama drugačije prvotne namjene. Psihijatrijska bolnica Rab primjer je takve bolnice, u kojoj se očituje funkcionalna i učinkovita uporaba arhitektonskog kompleksa koji je zasad neprepoznat povijesni, kulturni i arhitektonski spomenik.